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ABSTRACT

A descritpion is provided of "Growth and Development," an overview course for two-year college allied health majors which outlines the processes through which the infant, young child, and adolescent mature physically, socially, and emotionally. First, the course description presents the goals and emphases of the course, curricular placement information, in-class time allotments, the student population served, a course overview, grading procedures, and child observation dates. The following sections present a glossary of terms, information on the rationale for and goals and objectives of the course, an overview of course units, and listings of instructional materials, including texts and audiovisual materials. Next, the five units of instruction are presented: (1) infancy (birth to 1 year); (2) toddler (1 to 3 years); (3) pre-school (4 to 5 years); (4) school age (6 to 12 years); and (5) adolescence (12 to 18 years). Each unit description includes an overview of the topic, goals and objectives for each week's activities, learning activities, and sample test items. Finally, evaluation procedures are discussed, covering the grading scheme for students, procedures for course revision, estimates of the numbers of students who will achieve course objectives, and provisions for students who fail to meet course levels. (HB)

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Allied Health 100
GROWTH AND DEVELOPMENT
FOR
ALLIED HEALTH MAJORS

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JC 840 137

Valley Community College
Van Nuys, California
March 14, 1984
Jean W. Kasper, R.N., B.S.N.

Graduate Seminar Paper
Graduate School of Education
University of California
Los Angeles

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COURSE DESCRIPTION

This overview course of child development introduces the processes through which the infant, young child and adolescent mature physically, mentally, socially and emotionally. Emphasis is placed on basic needs, mental abilities, and social influences characteristic of each growth stage of childhood. First hand observation is stressed. No prerequisites are required.

A. Curricular placement:

1. A required course during the first quarter for students in the Department of Medical Assistants.

2. Course may be taken as a psychology elective by students in the Departments of:

Dental Hygiene	Respiratory Therapy
Pre-Dentristry	Pre-Optometry
Pre-Medicine	Pre-Pharmacy
Community Health Nutrition	Psychiatric Technician

Consent of the instructor is required.

3. Course may be taken as an elective by any interested student on a space available basis. Consent of the instructor is required.

B. Time assignment:

Three hours of lecture per week for a ten week quarter.

C. Student population:

This course is open to any interested student who qualifies for admission to a community college. Ability levels of the students may range from tenth grade reading and writing skills to college level skills. The abilities and interests of the students may vary from those taking a two quarter medical or dental assistant's program to those planning to transfer to a four year state college or university to continue their education in premedicine or prepharmacy.

This course is planned to accommodate fifteen medical assistant program students and ten additional students each quarter it is offered. It is anticipated that the student dropout rate will vary between the students required to take the course (medical assistant students) and those taking it as an elective. Students in the medical assistant program may drop the whole program if it does not fulfill their needs or expectations. Elective students may drop the course because of scheduling conflicts or lack of interest. Approximately 2-3 (10%) of the medical assistant program students and 1-2 (10%) of the elective students can be expected to drop the class each quarter (about 10-20% of the total).

Overview of Course:

This course is designed to give the student a broad overview of normal growth and development from birth to adolescence. It is divided into five successive units. Each unit considers a different period in a child's development, but is built on stages or units previously considered.

Each unit has a set of objectives to be met. Objectives specify what the student must do, under what conditions he must do it, and what score he must achieve to attain or pass the objective. Unless stated, quizzes will be given under the usual examination conditions.

Two in depth, outside observations of children are required for this class. Please see Guidelines on Observations following this discussion for further information.

Each unit will consist of lecture, discussion and a film relating to the stage of development under consideration. Students will be responsible for the lecture and assigned reading content in each unit and for general concepts presented in the films. A bibliography is included with each unit which suggests forther readings of interest. Materials on the lists are on class reserve in the library. It is suggested that the atudents read at least one outside article on each major topic presented during each unit.

Grading:

Students who complete most of the objectives specifying quizzes, tests and short papers at the specified level of mastery, and who adequately complete the two outside, in depth, observations, can expect an A or a B in the course. This means that it is theoretically possible for the whole class to receive A's.

Guidelines on Observations:

There are two child observations due for this course. One is due Week 5 (Date:_____) and one is due Week 9 (Date:_____).

For each observation, the student must observe the child for 30 minutes. Write down all activity, interactions, and language use observed. Speak with the parent about the child's development if possible. Using the following guidelines, write a narrative describing the child's activity and relating it to the reading and lecture content.

The first observation must be on an infant or toddler. The second one must be on a preschool or school-age child. Please speak with the instructor if you forsee any difficulty finding a child to observe. Introduce yourself to the parent or adult with the child and tell them what you are doing so that they will not become concerned to discover you watching the child. Parks, playgrounds, waiting rooms-- are excellent

places to observe children. Do not hesitate to use your own children siblings, or friends or relatives children.

Observations will be graded on content of actual observation and how behavior observed is related to class content. Each observation must be 5-6 typed pages. The instructor is not interested in every nitty gritty detail, but rather, global integration of observation and course content.

Observation and discussion content to include:

Physiological Development
Cognitive Development
Language Development
Psychosocial Development

Emphasis will be in different areas for different age groups. For example, physiological growth and development will be very important in the infant observation. Play, psychosocial development, is more important at the preschool age. Requirements for these observations will be discussed at length in class. Do not hesitate to ask questions.

Papers MUST BE TURNED IN BY 12:00 noon on the day that they are due. Late papers will be dropped a grade for each day that they are late.

GLOSSARY

adolescent: a youth 12-18 years of age; an individual who is going through the transition from dependent child to independent adult.

child: the offspring of parents; especially between infancy and youth.

cognitive changes: mental growth and development which occurs in a sequential, orderly manner described primarily by Jean Piaget.

development: a series of changes which occur with passing time in an orderly and predictable sequence, taking place by means of an integration of biological and environmental factors.

growth: increase in size, height, circumference or length which is brought about by a proliferation of cells.

infant: a child between birth and 1 year of age.

maturation: the process of developmental change which is extensively controlled by genetic factors.

parent: that person who by the process of propagation or adoption is responsible for the physical, psychological and sociological wellbeing of the child.

physical changes: physiological development and growth which occurs as the child matures.

preschooler: a child 3 to 5 years of age.

psychosocial development: growth and development of the individual related to the environment in which he lives and social interactions with others, described primarily by E.H. Erikson.

school-age: a child 6 to 12 years of age.

toddler: a child between 1 and 3 years of age.

The following definitions refer to terms used in the objectives.

assessment: the determination of ability, skill or attitude.

behavior: action , demonstrated ability, or attitude.

goal: the general outcome toward which the student is directed.

choose or select: pick the correct choice from a given list of choices.

objective: the specific ability or skill the student is expected to attain.

The words in the objectives have the following meanings as defined in Bloom, Benjamin. Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain.

know: to be able to recall data or information; facts, terminology.

understand: comprehend, translate, explain in simple terms.

apply: problem solving; relate information to formulas or principles in a manner to approach accurate solutions.

analyze: break down into relevant, component parts; deduce.

synthesize: combine into appropriate format; induce; production of an original work.

evaluate: judge something on internal evidence or external criteria; determine worth.

COURSE CONTENTS

Several of the functions of a community college are to: 1)provide courses with sufficient generality and depth to allow students to transfer to four year colleges or universities with adequate preparation and continue their education successfully; 2) to provide a wide range of courses and programs in occupational and technical fields which lead directly to employment or a transfer program; 3) to provide courses and programs, both credit and non-credit, which assist students to develop basic skills and stimulate intellectual exploration; and, 4) to provide educational activities which contribute to the general enhancement of the entire community.

Rationale:

The programs in the Allied Health Department are designed with the general functions of the community college in mind. This course relates to all of the above general functions of a community college. The study of growth and development interests people for a variety of reasons. It is an important component of the basic background of students who are preparing to transfer to a four year college or university and enter a premedical, predental or other similar program. Individuals employed as medical assistants or in other allied health fields generally must interact with children in the course of their work. Knowledge of the normal physiological, cognitive, and psychosocial development of children will enable the individual to approach and interact with children appropriately, according to their developmental level.

Interaction with children to some extent is a necessary part of life for the majority of adults. The availability of courses which stimulate interest in and provide the opportunity for, learning about the normal growth and development of childhood permits students and members of the community to explore new concepts which may prove to be helpful in their life experience.

A. Major Course Goals: Growth and Development for Allied Health Majors was designed especially to:

1. Enable the student to acquire knowledge basic to the understanding of normal growth and development from infancy to adolescence. Following completion of the course he will be able to:

--Define growth, development and terms related specifically to each stage of development.

--Identify and define four basic principles of growth.

--Compare and contrast the major physiological, cognitive, and psychosocial developments during the stages of development; infancy, toddler, preschool, school-age, and adolescent.

--Identify and discuss external influences and their effects on each stage of development.

2. Enable the student to implement the concepts of normal childhood growth and development in understanding the behaviors of children with whom he comes in contact, both in his practice and socially, in relation to their developmental stage. And, to enable the student to respond appropriately to those observed behaviors.

3. Meet the requirements of the particular curriculum or program in which the student is enrolled.

4. Stimulate the individual's further interest in and more detailed inquiry into the forces of and influences on growth and development during childhood.

B. Long Range Course Objectives;

1. Six months following the completion of this course, 75% of the students who are practicing in an allied health field will identify verbally the major physiological, cognitive and psychosocial developmental task of each of the following developmental stages: infancy, toddler, preschool, school-age, and adolescence.

2. One year following completion of this course, 75% of the students contacted will be able to discuss three instances in which their understanding of the concepts of growth and development has helped them to understand and appropriately respond to the behavior(s) of children with whom they come in contact in their practice and socially.

3. Within one year following completion of this course, 25% of the student's contacted will have completed or be currently enrolled in some type of additional course on child growth and development.

C. List of Units:

This course is organized to be given over a ten week quarter. Class will meet for 1½ hours twice a week. Two outside observations of children are required. See handout included in syllabus Course Description for further discussion of the required observations.

Units:

I.....Infancy: Birth to 1 year
II.....Toddler: 1-3 years
III.....Preschool: 4-5 years
IV.....School-Age: 6-12 years
V.....Adolescent: 12-18 years

Each unit is allocated two weeks or four class periods (6 hours) of instruction.

Units:

I.....Weeks 1 and 2
II.....Weeks 3 and 4
III.....Weeks 5 and 6
IV.....Weeks 7 and 8
V.....Weeks 9 and 10

MATERIALS OF INSTRUCTION

Required Text:

Dennis, L.B. and Massol, J. Introduction to Human Development and Health Issues. Philadelphia: W.B. Saunders Co., 1983.

Optional Manual: (a copy will be on reserve in the library)

Kuzma, K. Child Study Through Observation and Participation: A workbook. Palo Alto, CA: R.E. Research Associates, Publishers, 1978.

Bibliography of library materials on reserve:
Appropriate selection to be read out of one or more of the following references as each unit is covered.

Brazelton, T.B. Toddlers and Parents: A Declaration of Independence. New York: Dell Publishing Co., 1974.

Brazelton, T.B. Infants and Mothers. New York: Dell Publishing Co., 1983.

Caplan, F. and Caplan, T. The Power of Play. New York: Anchor Press, 1973.

Hurlock, E.B. Child Development (6th ed.). New York: McGraw-Hill Co., 1978.

Murray, R.B. and Zentner, J.P. Nursing Assessment and Health Promotion Through the Life Span (2nd ed.). New Jersey: Prentice-Hall, Inc., 1979.

Mussen, P.H., et. al., Child Development and Personality (4th ed.). New York: Harper and Row, Pub., 1974.

Newman, B. and Newman, P. Infancy and Childhood. New York: John Wiley and Sons, 1978.

Readings on reserve in the library for each unit follow the unit for which they are intended.

Audiovisual Materials:

Unit I: Films: "Apgar on Apgar" Gerber Baby Foods and Wayne State University

"Have a Healthy Baby" Churchhill Films, Los Angeles, CA

Unit II: Film: "The Toddler" UCLA School of Nursing

Unit III: Film: "Child's PLay and the Real World" UCLA Department of Psychology

Unit IV: Film: "Conscience of a Child" Stanford University Child Care Center

Unit V: Film: "Cultural Beliefs: Factors in Child Development" UCLA School of Nursing

ORGANIZATION OF UNITS OF INSTRUCTION

UNIT I

Infancy

Various internal and external influences effect the rapidly developing fetus and infant. Several important theories of childhood growth and development have been developed and investigated. These influences, theories and the basic principles of growth and development will be explored in relation to the physical, cognitive and psychosocial growth and development of the infant from conception through the first year of life.

Week 1.

1. Goal: The student will be familiar with the general principles of growth and development.

Objective: In class, given 10 statements about growth, the student will match them appropriately with the 4 principles of growth at 70% accuracy.

2. Goal: The student will appreciate the extent to which external influences can effect fetal development.

Objective: Outside of class the student will write a one page paper describing the effect of one of the following on fetal development. 100

Alcohol	Drugs
Smoking	Diseases, e.g. Rubella

Week 2:

3. Goal: The student will be able to briefly discuss the 3 main theories of child development.

Objective: In class, in 500 words or less, the student will discuss the main points of one theory of child development including: 100

Theorist
Type of theory
Stages in it
Goal: brief description of goal of development as the theorist sees it.

4. Goal: The student will be familiar with the terms related to the growth and development of the fetus and the infant.

Objective: In class, given 30 definitions of terms,

the student will match each with the correct term with 70% accuracy.

5. Goal: The student will be able to trace the major milestones of infant development from birth to one year: physical, cognitive, and psychosocial.

Objective: In class, given 20 multiple choice questions, the student will be able to choose the correct answer to 75% of the questions. 75

Planned Activities:

Assigned Reading: Dennis & Hassol: Chapters 1-4.

Week 1.
Discussion of course content and out of class observations
Begin lectures and discussions
Film: "Apgar on Apgar"
Quiz on principles of growth and developememt
Paper (1 page) on External Influences on fetal development---written outside of class.
Handouts:
- Bonding Tool
- Neuromuscular Rating Scale
- Maslow's Hierarchy of Needs
- Sensitive Periods in Development of the Fetus
- Summary of Cognitive Development: Piaget
- Summary of Psychosocial Development: Erikson
- Summary of Psychosexual Development: Freud

Week 2:
Lectures and discussions
Film: "Have A Healthy Baby"
Discussion of the Denver Developmental Screening Tool and demonstration of DDST kit and forms.
500 word paper written in class on child development theorists
Quiz on terms related to fetus and infant and developmental milestones of infant.
Handouts:
- Denver Developmental Screening Test
- Growth Charts

Sample Test Items:

Week 1--Goal 1: Match the appropriate principle of growth listed on the left with the statements about growth and development listed on the right. Each principle may be used once or more than once.

A. Principle of Differentiation (B)1. Increases in neuromuscular size and development begin in the head and proceed to hands and feet.

B. Cephalocaudal, Proximodistal, and Bilateral Principle

C. Principle of Asynchronous Growth

D. Principle of Discontinuity of Growth Rate

(C)2. Proportion of head size to chest size of infants and older children is quite different.

(D)3. Various structures and organs of the body grow at different rates.

(B)4. Growth that occurs on one side of the body occurs simultaneously on the other.

Week 2--Goal 4: Match the terms on the left with the definitions on the right. Each term and each definition may be used only once.

A. Fe[illegible]
B. Sensorimotor stage
C. Reflex
D. Colostrum
E. Attachment/Bonding

(A) 1. The products of conception prior to delivery of the infant.

(B) 2. Piaget's reflexive stage of development which exists from birth to two years of age.

(E) 3. The parent-infant tie which normally begins to develop immediately after birth.

(D) 4. The rich fluid which is in the mother's breasts following delivery, but prior to the beginning of milk production.

(C) 5. An automatic and often inborn response to a stimulus.

Week 2--Goal 5: Choose the best answer to each of the questions below.

1. Infants begin to see at:

A. 2 weeks
(B.) birth
C. 6 weeks
D. 4 weeks

2. The reflexive response most often seen when an infant reacts to a loud noise is the:

A. tonic neck reflex
B. sucking reflex
(C.) Moro reflex
D. Babinski reflex

3. Infants begin to develop a fear of strangers at about:

A. 3 months
B. 5 months
(C.) 8 months
D. 12 months

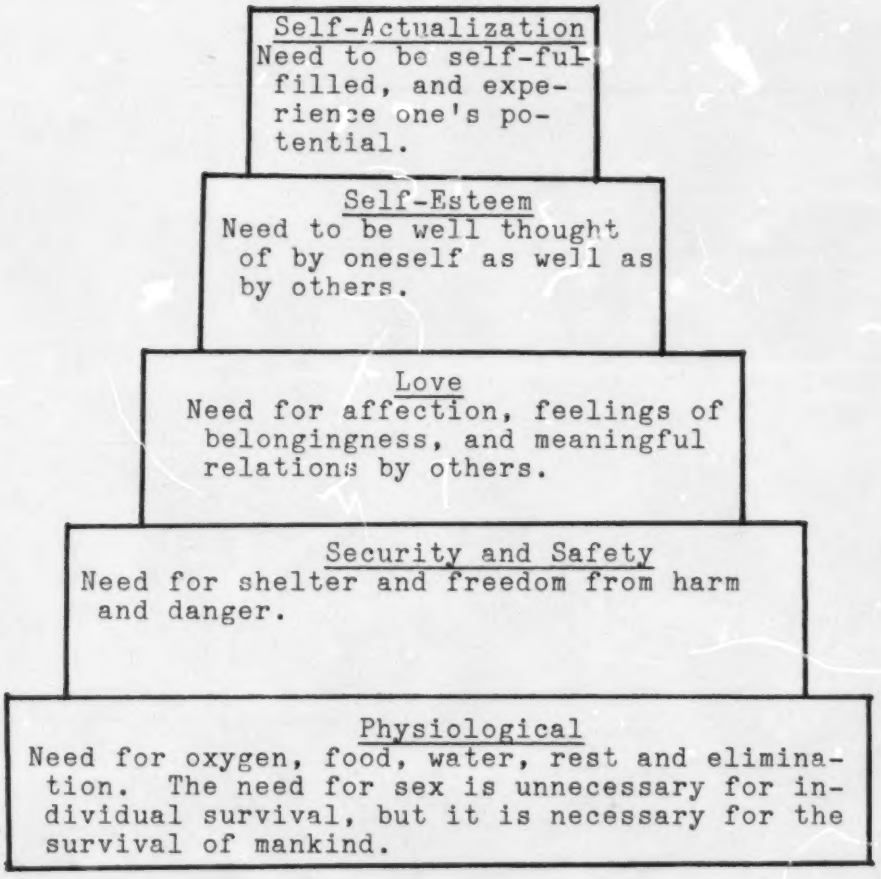
4. A scale developed to assess the infant's condition immediately following birth is the:

(A.) Apgar Scale
B. Ballard Scale
C. Growth Scale
D. Bonding Scale

5. The term used to describe the father's initial paternal response to the infant is:

A. Bonding
B. Love
C. Attachment
(D.) Engrossment

MASLOW'S HIERARCHY OF HUMAN NEEDS


Self-Actualization
Need to be self-fulfilled, and experience one's potential.
Self-Esteem
Need to be well thought of by oneself as well as by others.
Love
Need for affection, feelings of belongingness, and meaningful relations by others.
Security and Safety
Need for shelter and freedom from harm and danger.
Physiological
Need for oxygen, food, water, rest and elimination. The need for sex is unnecessary for individual survival, but it is necessary for the survival of mankind.

This figure of Maslow's theory indicates that man is constantly evolving so that he can reach his highest potential. Higher needs in this scheme cannot fully grow and develop until lower ones are adequately met. When the meeting of needs at any level is frustrated, a pathological condition will eventually develop.

UNIT I

Readings on Reserve

Ainsworth, M.D. Infant-mother attachment and social development. In, M.P.M. Richards (Ed.), The Integration of the Child into the Social World, Cambridge, England: Cambridge University Press, 1974.

Anatasi, A. Heredity, environment and the question of "How?". Psychological Review, 1958, 65, 197-208.

Butler, N.R., Goldstein, H. Smoking in pregnancy and subsequent child development. British Medical Journal, 1973, 4, 573-575.

Caldwell, B. Infant daycare and attachment. American Journal of Orthopsychiatry, 1970, 30, 397-410.

Callahan, D. Ethics, law and genetic counseling. Science, 1972, 176, 197-200

Clapp, L. and Price, J.H. Sudden infant death syndrome. Journal of Nursing Care, 1980, 13(3), 13-17.

Frankenburg, W.K. and others. The newly abbreviated and revised Denver Developmental Screening Test. Journal of Pediatrics, 1981. 99(6), 995-999.

Gibbons, M.B. Why circumcise? Pediatric Nursing, 1979, 5(July/Aug.), 9-12.

Jones, K.L. The deformed children of alcoholic mothers. Science News, 1973, 104(1), 6.

Justice, P. and Smith, G.F. Phenylketonuria. American Journal of Nursing, 1975, 75, 1303-1305.

Kibrick, S. and Loria, R.M. Rubella and cytomegalovirus: current concepts of congenital and acquired infection. Pediatric Clinics of North America, 1974, 21, 513.

Lewis, F. Drugs, the bitter pill in pregnancy: Adverse effects on the developing brain. Nursing Mirror, 1978, 47(14), 38-39.

Nora, J.J., Sommerville, R.J., Hill, P.M., McNamara, D.G. Maternal exposure to potential teratogens. Journal of the American Medical Association, 1967, 202, 1065-1069.

Oulette, E.M., Rosett, H.L., Rosman, N.P., Weiner, L. Adverse effects on offspring of maternal alcohol abuse during pregnancy. New England Journal of Medicine, 1977, Sept. 8, 528-530.

Piran, B. Smoking during pregnancy. Obstetrics and Gynecology Survey, 1978, 33, 1-13.

Reiser, S.L. A tool to facilitate mother-infant attachment. Journal of Obstetrics, Gynecology, and Neonatal Nursing, 1981, July/Aug., 294-297.

Stevens, C.J. The fetal alcohol syndrome: Cause for concern. Maternal-Child Nursing, 1981, 6(July/Aug.), 251.

Taussig, H.B. The thalidomide syndrome. Scientific American, 1962, 962, 29-35.

UNIT II

Toddler

By the advent of toddlerhood, the helpless infant has developed into a mobile, active, social individual who is on the go constantly. Physical growth slows somewhat at this age, but psychosocial and cognitive growth and development continue at a rapid rate. Language acquisition is beginning and the environment is growing for the inquisitive toddler.

Week 1.

1. Goal: The student will know the physical developmental milestones of the toddler.

Objective: Outside of class the student will write a 1-2 page paper outlining the physical developmental milestones of the toddler. 100

2. Goal: The student will be able to describe the cognitive and psychosocial tasks of the child age 1-3 years.

Objective: In class, given a list of 20 statements about a toddler, the student will note if they are related to the cognitive or psychosocial tasks of development with 75% accuracy.

Week 2.

3. Goal: The student will briefly be able to explain the importance of play to the toddler, including appropriate toys.

Objective: In class, the student will write a paper of 500 words describing the play activities and the importtance of play to the toddler and describe the requirements for appropriate toys for this age group. 100

4. Goal: The student will understand language acquisition in the toddler.

Objective: In class, given 10 short answer questions about language acquisition in the toddler, the student will answer 7 of them correctly. 70

5. Goal: The student will be able to relate one of the following health issues to the developmental tasks of the toddler.

Automobile Safety	Poisons
Electrical Safety	Water Safety
Fire Safety	Nutrition
Child Abuse	Sleep
Accidents	Neglect

Objective: The student will give a 2-3 minute talk on one of the above health issues as it relates to the toddler. (Note: The other half of the class will do the same thing for the preschooler.)

Planned Activities:

Assigned Reading: Dennis & Hassol: Chapters 5 & 7
Caplan, F. & Caplan, T. The Power of Play: Read the chapter on the Toddler and Play.

Week 1.
Further discussion and clarification of observations
Film: "The Toddler"
Outside of class paper on physical developmental milestones of the toddler.
Quiz on the cognitive and psychosocial tasks of the toddler.
Continue lectures and discussions on toddler information
Handouts: Growth Rates of Various Tissues

Week 2.
Continue lectures and discussions
In class paper on play and the toddler
Short answer quiz on language and the toddler
2-3 minute talks by the students on Health Issues and the toddler
Handouts: Safety Information

Sample Test Items:

Week 1--Goal 2: Choose which type of task: cognitive or psychosocial, each statement refers to and put the appropriate letter in the blank space provided.

A. Cognitive

B. Psychosocial

(B)1. The sense of being someone who can decide for one's self.

(A)2. Dependent upon assimilation of sensory input.

(A)3. Characterized by egocentrism.

(B)4. Responsible for the stage of toddlerhood sometimes being called the negative stage or the "terrible twos"!

(B)5. The child is very vulnerable to ridicule, shame, withdrawal of love.

Week 2--Goal 4: Fill in the blank space with the correct

word or short answer.

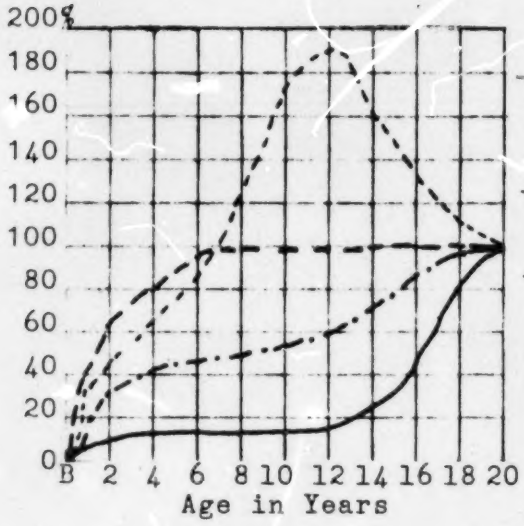
1. At age 6 months (approximately) the first, noncrying sounds of the infant become more varied and repetitive. This is called the (Babbling phase).

2. The child's response to simple commands or phrases, such as "Pat-A-Cake", "Where is your nose?" at 10-12 months is often called (Passive Language).

3. The toddler's language is (Telegraphic). That is, it omits all but the most important words in the sentence.

4. (Receptive) language develops in the toddler before (Expressive) language.

GROWTH CURVES OF DIFFERENT BODY TISSUES



----- Lymphoid Type: Thymus, lymph nodes; intestinal lymphoid masses.

- - - - Neural Type: Brain & its parts; Spinal Cord; Optic arraratus.

-·-·- General Type: Body as a whole; except for head & neck.

—— Genital Type: Testis, Ovary, Epididymis, Prostate, Seminal Vesicles.

Growth curves of different body tissue plotted as percent of size at Age 20 yrs.

UNIT II

Readings on Reserve

American Acadamy of Pediatrics. Juice in ready-to-use bottles and nursing bottle caries. News and Comment, 1978, 29(1), 11.

Brown, M. and Murphy, A. A child grows: Part III. The child's cognitive development. Pediatric Nursing, 1975, 1(3), 7-12.

Brown, M. and Murphy, A. A child grows: Part IV. The child's perceptual and linguistic development. Pediatric Nursing, 1975, 1(4), 9-15.

Euler, M.M. and McClellan, M.A. Toilet Training: Ready or not? Pediatric Nursing, 1981, 7(1), 15-20.

Greenfield, P.M. Who is Da-Da?.. Some aspects of the semantic and phological development of a child's first words. Language and Speech, 1973, 16, 34-43.

Hammer, D. and Drabman, R.S. Child discipline: What we know and what we can recommend. Pediatric Nursing, 1981, 7(3), 31-35.

Jolly, H.M. and Pless, I.B. Dental health and pediatrics. Pediatric Review, 1981, 3(1), 13-22.

Maddocks, G. Accidents in childhood. Nursing Mirror, 1980, 152(21), 2-15.

Meyer, R.J. Save that child: Children and automobile restraints. Public Health, 1981, 71(2), 122-123.

Slobin, D. Children and language: They learn the same way all around the world. Psychology Today, 1972, 6, 71-74.

Southard, S.C. and Arena, J.M. A comprehensive protocol for evaluating the safety of toys for preschool children. Clinical Pediatrics, 1976, 15(12), 1107-1109.

Vestal, K.W. Siblings: Adapting to accommodate the neonate. Issues in the Health Care of Women, 1979, 1, 13-25.

UNIT III

Preschool

The preschool years unfold with a new set of challenges. Having gained some independence, the child turns his attention to the outside world. This is a time of intense, relatively unrestrained creativity. Physical development has progressed to the point where the use of motor skills no longer requires intense concentration. Cognitive and psychosocial skills continue to develop at a rapid rate.

Week 1.

1. Goal: The student will complete the first observation on a child as outlined in the Description of the Course.

Objective: Outside of class, the student will spend 30 minutes observing a child. He will then write a 5-6 page typed report on the child describing physical, cognitive and psychosocial development seen and relating the child's development to information presented in the text and in class. 100

Week 2.

2. Goal: The student will know the physical, cognitive, and psychosocial developmental milestones of the preschooler.

Objective: In class, given 20 milestones of development related to the toddler and the preschooler, the student will choose the correct age group for each milestone 75% of the time. 75

3. Goal: The student will be able to relate one of the following health issues to the developmental tasks of the preschooler.

Automobile Safety	Child Abuse
Poisons	Sleep
Electrical Safety	Accidents
Fire Safety	Neglect
Nutrition	Water Safety

Objective: The student will give a 2-3 minute talk on one of the above health issues as it relates to the preschooler.

Planned Activities:

Assigned Reading: Dennis & Hassol: Chapter 6 & 7
Caplan, F. and Caplan, T. The Power of Play. Read the chapter on the Preschooler and Play.

Week 1:
Lectures and discussions
Film: "Child's Play and the Real World"

Observation #1 due
Handouts:
Summary of the development of systems
List of Preschool Physical-Motor Abilities

Week 2:
Lectures and discussions
Quiz: Comparison of tasks of toddler and preschooler
2-3 minute talks by the students on Health Issues and the Preschooler

Sample Test Items:

Week 2--Goal 2: Match the appropriate age group on the left with the correct milestones on the right. Each age group will be used more than once.

A. Toddler

B. Preschooler

(A)1. The stage of autonomy vs doubt or shame.

(B)2. Peer relationships are becoming increasingly important.

(B)3. Gender identity is learned.

(A)4. Interaction with the environment teaches the child that self and environment are separate.

(B)5. Physical growth is slowing down. Many physical activities have become routine.

UNIT III

Readings on Reserve

Bloomfield, I. Psychological aspects of violence and agression. International Journal of Social Psychology, 1980, 26(3),218-221.

Bruner, J. Play is serious business. Psychology Today, 1975, 8(8), 81-83.

Kempe, C.H., et. al., The battered child syndrome. Journal of the American Medical Association, 1962, 18. 17-24.

Lewis, M. Parents and children: Sex role development. School Review, 1972, 80, 229-240.

Lybarger, P.M. Accidental poisoning in childhood: An ongoing problem. Issues of Comprehensive Pediatric Nursing, 1977, 1(6), 30-39.

Mitchell, S. Imaginary companions: friend or foe? Pediatric Nursing, 1980, 6(6), 29-30.

Payne, P.A. Day care and its impact on parenting. Nursing Clinics of North America, 1977, 12(3), 525-533.

Rue, V.M. Television and the family: The question of control. In, D. Rogers (Ed.), Issues in Child Psychology (2nd ed.), Monterrey, CA: Brooks-Cole Pubs., 1977.

UNIT IV

School Age

The years from 6-12 are relatively tranquil in the growth and development of the child. The rapid growth and development of the earlier years are consolodated. The child's world moves beyond the family to focus on peers and school. The late school-age years serve to prepare the child to move into adolescence.

Week 1.

1. Goal: The student will develop an integrated understanding of the physical and psychosocial developmental tasks of the school-age child.

Objective: Outside of class, the student will write a 2-3 page paper tracing the physical and psychosocial development of a child from 6-12 years. 100

2. Goal: The student will demonstrate an understanding of Piaget's Cognitive Theory of Development as it relates to the school age child.

Objective: In class, given 10 terms and 10 definitions, the student will match the terms with the correct definition with 80% accuracy. 80

Week 2.

3. Goal: The student will be able to discuss social development in the school-age child related to his peer group and school.

Objective: In class, given 20 multiple choice questions, the student will be able to select the correct answer to 75% of the questions. 75

4. Goal: The student will understand several of the main problems related to the school-aged child.

Objective: Outside of class, the student will write a paper in which he briefly discusses (1-2 pages) one of the problems listed below in relation to the school-aged child. 100

Hyperactivity	Sex Education
Television	Athletics
Divorce	

Planned Activities:

Reading Assignment: Dennis and Hassol: Chapters 8 & 9

Week 1.
Lectures and discussions
Film: "Conscience of a Child"
Outside of class paper on physical and psychosocial development of a school-aged child.
Quiz on Piaget's Cognitive Theory of Development as it relates to the school-aged child.

Week 2.
Lectures and discussions
Quiz on social development in the school-aged child.
Outside of class paper discussing one of the problems discussed relating to the school-age child.

Sample Test Items:

Week 1--Goal 2: Please match the terms given on the left with the correct definition out of those listed on the right. Not all of the definitions will be used.

A. Conservation
B. Reversibility
C. Serialization
D. Centration

(C)1. The tendency to arrange concrete objects in order according to a specific dimension.

(B)2. The concept that the shape of a liquid or solid can be changed and then restored to the original without a loss in volume or mass.

(A)3. Understanding of the rule that liquids and solids can be transformed in shape without changing their volume or mass.

Week 2--Goal 1: Choose the best answer to each question out of the choices given.

1. Several things positively influence the school experience for the child. Which one of the influences listed below is generally a positive influence on school achievement?

A. teacher-pupil relationship
(B.) regular attendance
C. use of IQ testing
D. peer relationships

2. Several characteristics are listed below. Which one does not relate specifically to the middle school-age child?

A. members of same-sex clubs or gangs

B. "collecting age"

C. ritualistic

(D.) interested in the opposite sex

3. The peer group is a vlauable socializing influence for the school-age child for several reasons. Which of the following statements is the <u>most</u> valuable aspect of the peer group?

(A.) a source of information

B. provides roles

C. provides pressure

D. loosens ties to home and family

UNIT IV

Readings on Reserve

Crewe, H.J. Fears and anxiety in childhood. Public Health, 1973, 63(Oct.), 165-171.

Devel, R.K. Minimal brain dysfunction, hyperkinesis, learning disabilities, attention deficit disorder. Journal of Pediatrics, 1981, 98, 912-915.

Erb, L. and Andresen, B.D. Hyperactivity: a possible consequence of maternal alcohol consumption. Pediatruc Nursing, 1981, 7(4), 30-33.

Feinbloom, R. Children and television. Pediatrics, 1976, 57, 301-303.

Feingold, B.F. Hyperkinesis and learning disabilities linked to artificial food flavors and colors. American Journal of Nursing, 1975, 75, 797-803.

Heatherington, M., Cox, M., and Cox, R. The aftermath of divorce. In, J. Stevens and M. Mathews (Eds.), Mother/Child, Father/Child Relationships, 1978, Washington, D.C., National Association for the Education of Young Children.

Rybicki, L.L. Preparing parents to teach their children about human sexuality. American Journal of Maternal-Child Nursing, 1976, 1(3), 182-185.

Shaffer, T.E. The young athlete: New guidelines in sports medicine. Pediatric Consultant, 1980, 1(5), 1-12.

Smith, J.T. Promoting childhood dental health. Pediatric Nursing, 1976, 2(3), 16-19.

Southall, C. Family life and sex education. American Journal of Nursing, 1977, 77, 1473-1476.

Wallerstein, J.S. and Kelly, J.B. The effects of parental divorce: Experiences of the child in late latency. American Journal of Orthopsychiatry, 1976, 46, 256-265.

Weinheimer, S. Egocentrism and social influence in children. Child Development, 1974, 43, 567-578.

Woody, J. Contemporary sex education: Attitudes and implications for child rearing. Journal of School Health, 1973, 43, 241-246.

UNIT V

ADOLESCENCE

Following the relative tranquility of the school years, adolescence bursts upon the scene of development. Major maturational changes are occurring physically and psychosocially. By the end of adolescence, the dependent child has become an independent young adult, ready (he thinks) to make his way in the world. Many adolescents are amazed at how much their parents learn from the time they were thirteen until they become twenty-one.

Week 1.

1. Goal: The student will complete the second observation of a child as described in the Course Description.

Objective: Outside of class, the student will spend 30 minutes observing a child. He will then write a 5-6 page typed report on the child describing physical, cognitive and psychosocial development seen and relate the child's development to information presented in the text and in class. 100

Week 2.

2. Goal: The student will be able to discuss adolescent physiological and psychosocial development.

Objective: In class, the student will write a 500 word paper comparing and contrasting specific elements of development in the adolescent and the toddler. 100

3. Goal: The student will be aware of the serious health and social issues which relate closely to adolescents in todays society.

Objective: The student will participate in a discussion relating to the occurrence of Sexually Transmitted Diseases and the use of drugs and alcohol by teenagers. 100

Planned Activities:

Assigned Reading: Dennis & Hassol: Chapters 10 & 11.

Week 1.
Lectures and discussion
Second outside observation due
Film: "Cultural Beliefs: Factors in Child Development"

Week 2.
Lecture and discussion
Paper written in class on adolescent development

Discussion in class on health and social issues related to the adolescent.

Course Evaluation

UNIT V

Readings on Reserve

Adelson, J., Adolescence and the generation gap. Psychology Today, 1979, 12(9), 33-37.

Ahern, C. "I think I have VD". Nursing Clinics of North America, 1973, 8, 77-90.

Anderson, C. Adolescent pregnancy. Issues in Comprehensive Pediatric Nursing, 1976, May/June, 1-16.

Blackwell, B. Psychotropic drugs in use today. Journal of the American Medical Association, 1973, 225, 1637-1641.

Bruch, H. Anorexia Nervosa. Nutrition Today, 1978, 13(5), 14-18.

Committee on Adolescence. Teenage Suicide. Pediatrics, 1980, 66, 144-146.

Fields, B.L. Adolescent alcoholism: Treatment and rehabilitation. Family and Community Health, 1979, 2(1), 61-90.

Fischman, S.H. The pregnancy resolution decision of unwed adolescents. Nursing Clinics of North America, 1975, 10, 217-228.

Green, C. and Lowe, S.J. Teenage pregnancy: A major problem of minors. Zero Population Growth National Reporter, 1975, 7(6), 4-5.

Hort, N.A. and Prophit, P., Sr., Adolescent Suicide. Pediatric Nursing, 1979, 5(6), 22-28.

Katchadourian, H. Adolescent sexuality. Pediatric Clinics of North America, 1980, 27, 17-28.

Mercer, R. Becoming a mother at sixteen. American Journal of Maternal-Child Nursing, 1976, 1(Jan./Feb.), 44-52.

Nelms, B.C. What is a normal adolescent? American Journal of Maternal-Child Nursing, 1981, 6, 402-406.

Pannor, R. The teen-age unwed father. Clinical Obstetrics and Gynecology, 1971, 14, 466-472.

Parcel, G.S. Sex concerns of young adolescents. Birth and the Family Journal, 1979, 6(1), 43-47.

Reichelt, P. A. and Werley, H.H. Contraception, abortion and veneral disease: Teenager's knowledge and the effect of education. Family Planning Perspectives, 1975, 7, 83-88.

Reres, M.E. Stressors in adolescence. Family and Community Health, 1980, 2(4), 31-41.

Richardson, T.F. Anorexia nervosa: An overview. American Journal of Nursing, 1980, 80, 1470-1471.

Rohn, R.D. Adolescents who commit suicide. Pediatrics, 1977, 90, 636-638.

Shaffer, T.E. The adolescent athlete. Pediatric Clinics of North America, 1973, 20, 837-850.

Stern, M.S. and MacKenzie, R.G. Venereal disease in adolescents. Medical Clinics of North America, 1975, 59, 1395-1407.

Stickle, J. Pregnancy in adolescents: Scope of the problem. Contemporary Obstetrics and Gynecology, 1975, 5(June), 85-91.

Thornburg, H. The adolescent and drugs: An overview. Journal of School Health, 1973, 43, 640-644.

Tichy, A.M. and Malasanos, L.J. The physiological role of hormones in puberty. American Journal of Nursing, 1976, 1, 384-388.

Turiel, E. Conflict and transition in adolescent moral development. Child Development, 1974, 45, 14-29.

Walters, J. Birth defects and adolescent pregnancies. Journal of Home Economics, 1975, 67(6), 23.

EVALUATION

Grading Scheme for Students:

Students must complete or master 15 or more of the 18 objectives specified for the course. In addition, they must complete the two indepth observations. These observations will be evaluated according to content for each age group and integration of material from class and readings with observed behavior. Grades on the papers will determine class grade assuming that mastery is achieved at the appropriate level as indicated by completion of the objectives. Most papers which meet the requirements will be A's. Those which do not meet one criteria or the other (sufficient observed behaviors or integration of course material) will be graded B.

Students who meet less than 15, but 12 or more objectives and turn in both papers will get a C in the class. Students who do not turn in either or both observations or who fail to achieve mastery in 12 or more objectives will fail the class.

Procedures for Revising Course:

1. Instructor to analyze quizzes, tests, papers, etc., required to determine, if possible, what the problem is and where it lies.

2. Student evaluations. (Form included).

3. Peer evaluations of teaching style and materials.

Information received from the three above sources will be used to evaluate course structure and content and appropriate revisions made where necessary.

Estimated Number of Students who will achieve Objectives:

95%, or 19 out of 20 students who remain registered in the class after the final day to drop classes will achieve the stated objectives.

Provision for Students who Fail to Meet Level:

1. Students may take an "Incomplete" grade if they have not finished their observations. They must turn the observations in within the following quarter to obtain a "C" in the course (if they have attained mastery of a sufficient number of objectives).

2. Students who have not attained mastery of a sufficient number of objectives (Tests--8; Written work--10) may make up the short written assignments within 3 weeks after the last class to obtain a grade of "C" (if both of their observations are completed).

3. Students who have not attained mastery of a sufficient number of objectives and who have not turned in both of their observations will get an "F" in the course.

4. Students who, for serious health or other problems, i.e., death in the family, have not met the requirements for a passing grade in the course may discuss the problem with the instructor on an individual basis.

INSTRUCTOR RATING SCALE

Instructor _____ Course _____ Date _____

--Your careful and candid evaluation of this course is valuable.
--Evaluations provide feedback to the instructor to help improve teaching and assess instructor style and effectiveness.
--Information obtained from student evaluations provide data for faculty evaluation and promotion and may be used to inform other students about the course.
--Please use a No. 2 pencil and completely fill in the circle which most closely corresponds to your evaluation.
Example: O O ● O O

BACKGROUND INFORMATION:

1. Year in school: OFr. OSo. OJr. OSr. OGrad. OOther.
2. Your GPA in all courses at this college: OBelow 2.0
   O 2.0-2.4 O 2.5-2.9 O 3.0-3.4 O3.5-4.0 O Not estab.
3. Sex: OFemale OMale
4. Expected grade: O A O B O C O D O F O P O NP O ?
5. Requirement fulfilled by this course:
   O Major O Related field O Breadth O General Interest

INSTRUCTOR INFORMATION:

	Very low or Never	Low or Infrequently	Average	High or Frequently	Very high or Always
1. Class presentations were well prepared and organized.	O	O	O	O	O
2. Instructor was concerned about students learning.	O	O	O	O	O
3. Instructor made students feel welcome seeking help during and outside of class.	O	O	O	O	O
4. Instructor makes students feel free to disagree with him.	O	O	O	O	O
5. Instructor presents information which disagrees with his point of view.	O	O	O	O	O
6. Instructor has good communication skills.	O	O	O	O	O
7. Instructor is enthusiastic.	O	O	O	O	O
8. Instructor gives good examples of concepts.	O	O	O	O	O

	Very low or Never		Low or Infrequent		Average		High or Frequently		Very high or Always
9. Instructor seems knowledgeable about subject.	1	0	0	0	0	0	0	0	0
10. Instructor follows outline and syllabus closely.	1	0	0	0	0	0	0	0	0
11. Feedback given promptly; tests and papers are graded and returned promptly.	1	0	0	0	0	0	0	0	0
STUDENT INFORMATION:									
1. My intellectual curiosity was stimulated by this course.	1	0	0	0	0	0	0	0	0
2. I am acquiring knowledge that I consider valuable about this subject.	1	0	0	0	0	0	0	0	0
3. I am interested in learning more about this area.	1	0	0	0	0	0	0	0	0
4. I have created learning experiences for myself in connection with this course.	1	0	0	0	0	0	0	0	0
COURSE INFORMATION:									
1. Are assignments difficult?	1	0	0	0	0	0	0	0	0
2. Assignments required a great deal of work.	1	0	0	0	0	0	0	0	0
3. Subject interest before course was:	1	0	0	0	0	0	0	0	0
4. Subject interest after course was:	1	0	0	0	0	0	0	0	0
5. Workload/pace of course was:	1	0	0	0	0	0	0	0	0
6. Quality of texts/required readings was:	1	0	0	0	0	0	0	0	0
7. Quality of graded materials/examinations was:	1	0	0	0	0	0	0	0	0
8. Quality of lecture presentations was:	1	0	0	0	0	0	0	0	0
9. Requirements/expectations of course were made clear at the beginning.	1	0	0	0	0	0	0	0	0
10. Quality of class discussions was:	1	0	0	0	0	0	0	0	0
OVERALL EVALUATION:									
1. Overall rating of the instructor was:	1	0	0	0	0	0	0	0	0
2. Overall rating of the class was:	1	0	0	0	0	0	0	0	0
3. Overall value of class to you.	1	0	0	0	0	0	0	0	0

PLEASE ADD FURTHER COMMENTS ABOUT COURSE ON BACK OF PAGE.

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